

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101594588

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2		/					
3							
4							
5							
6		2					
7		/					
8	1						
9		/					
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50							
TOTAL IND.	2						
TOTAL DEP.	15	←	←	←	↓	↓	↓
TOTAL CLAIMS	17						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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98							
99							
100							
TOTAL IND.					↓	↓	↓
TOTAL DEP.			←	←	←	←	←
TOTAL CLAIMS							